

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2							52		/				
3							53	/					
4							54		/				
5		/					55		/				
6		3					56						
7	4	/					57						
8		/					58						
9	/	5					59		/				
10		/					60	/					
11		/					61		/				
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40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		/					95						
46	/						96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	82						TOTAL DEP.						
TOTAL CLAIMS	93						TOTAL CLAIMS						